

bypass surgery hospital must meet the minimum criteria for quality outlined by the Secretary in the Medicare Centers of Excellence for CABS operations. Expanding on this idea, I suggest that any hospital wishing to improve a tertiary care service using resources in excess of \$1 million from the Capital Financing Trust Fund must not only demonstrate that they are indeed a safety-net health care provider, but also meet standards of quality for that particular service outlined by the Secretary. As additional reliable outcome studies for other expensive, capital-intensive services become available, disbursement of Capital Financing Trust Funds for improvements will be dependent upon demonstration of adequate quality performance as measured by HCFA's quality outcome measurement.

EXPANDING THE EACH PROGRAM

A third provision of this legislation is designed to facilitate the organization, delivery, and access to primary, preventive, and acute care services for medically underserved populations by fostering networks of essential community providers.

The Essential Access Community Hospital Program was enacted in 1989. This Medicare initiative provides a unique Federal-State partnership to assure the availability of primary care, emergency services, and limited acute inpatient services in rural areas. The EACH Program was created to maximize resources available to rural residents by establishing regional networks of full-service hospitals [EACH's] connected to limited-service rural primary care hospitals [RPCH's]. Since 1991, over \$17 million has been awarded in seven participating States.

In a March 1993 report by the Alpha Center, the strengths of the EACH Program were clearly articulated. They stated:

The EACH Program has released an enormous amount of creative energy focused on the development of regional networks that link health care providers in remote areas with those in more densely populated communities.

A letter from the project directors of the seven EACH States contained the following comment.

We believe the EACH concept will assist policymakers, regulators and changemakers in the long process of refocusing rural health care delivery.

I am confident that the EACH Program provides a framework for greatly improving the quality and efficiency of primary care, emergency services, and acute inpatient services in rural areas across the country. As a result, this legislation contains language that would extend the EACH Program to all States.

In addition, creating a new urban Essential Community Provider Program [ECP] would carry the network concept to our Nation's inner cities. While different from the rural EACH Program, the urban ECP Program would concentrate on networking hospitals with primary care service centers, particularly federally qualified health centers. In addition, ECP networks could combine with rural networks.

A report by the General Accounting Office found that "more than 40 percent of emergency department patients and illnesses or injuries categorized as nonurgent conditions." The growth in the number of patients with nonurgent conditions visiting emergency departments is greatest among patients with little

or no health insurance coverage—exactly those populations served by essential community providers. Networks of essential community provider hospitals and clinics will help steer patients to more appropriate clinical settings and, as a result, maximize the resources available in both emergency and non-emergency settings.

The concept of inner-city provider networks designed to ease access and improve continuity of care is not new. Initiatives are currently being pursued in urban areas across this country to do just that. This legislation would boost these efforts through critical financial and structured technical assistance.

Funding under the ECP Program would be available for the expansion of primary care sites, development of information, billing and reporting systems, planning and needs assessment, and health promotion outreach to underserved populations in the service area. Facilities eligible to participate in the ECP networks—those designated as "essential community providers"—include Medicare disproportionate share hospitals, rural primary care hospitals, essential access community hospitals, and federally qualified health centers [FQHC] or those clinics which otherwise fulfill the requirements for FQHC status except for board membership requirements.

In order to facilitate integration of hospitals and clinics into these community health networks, physicians at network clinic sites would be provided admitting privileges at network hospitals. In addition, the placement of residents at network-affiliated FQHC's would be counted in the total number of residency positions when determining the indirect medical education [IME] reimbursement to hospitals under Medicare. The authorized funding level for rural EACH and urban ECP would be increased tenfold, from the current level of \$25 to \$250 million annually.

I am introducing the Essential Health Facilities Investment Act of 1997 because I believe this legislation is an important and necessary component of the effort to reform our Nation's health care delivery system. The initiatives in this bill are essential to ensuring access to high quality and efficient services for everyone in our communities.

TRIBUTE TO THE SOUTH BRONX JOBS CORPS CENTER

HON. JOSÉ E. SERRANO

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 12, 1997

Mr. SERRANO. Mr. Speaker, recently I had the opportunity to visit the South Bronx Jobs Corps Center, which has been successful at helping disadvantaged youngsters acquire the educational and professional skills they need to succeed in the workplace.

Established 11 years ago in my South Bronx congressional district, the South Bronx Jobs Corps Center is proud of the 500 Bronx youngsters it serves annually. The center provides students with guidance and training, tailored to their individual needs. At the center, youngsters have the opportunity to obtain a high school equivalency diploma and to learn a variety of trades including, office assistant with knowledge of word processing, accounting clerk, nurse assistant, and building maintenance technician.

In addition, the center encourages students to participate in community service. Every year students partake in antiraffiti campaigns and in beautifying buildings in our community. They also host meetings of Community Board No. 5 and the 46th Precinct Council, which students are encouraged to attend and participate in.

The South Bronx Jobs Corps Center fosters a family-oriented environment to help youngsters overcome their challenges. It houses 200 youngsters and provides day care services to students' children ages 3 months to 3 years. The social component of the center's training includes parenting classes for students.

In 1964, President Lyndon B. Johnson proposed the establishment of the Jobs Corps as an initiative to fight poverty. The South Bronx Jobs Corps Center is 1 of 100 centers nationwide and in Puerto Rico, serving youngsters ages 16 to 24.

Supported by President Clinton, the Jobs Corps continues to be an effective program to assist at-risk youngsters in completing their education, increasing their self-esteem, developing a sense of belonging to the community, and preparing for a productive adulthood.

This May 100 students will graduate from the South Bronx Jobs Corps Center. Seventeen of the center's 100 employees are South Bronx Jobs Corps graduates. Many others after completing the program have pursued a college education and secured part-time or full-time jobs.

The most famous graduate from one of the centers in the Nation is heavyweight champion George Foreman. Mr. Foreman, who also authored a cook book, visited the South Bronx Jobs Corps Center recently to talk about the importance that the Jobs Corps program has had in his overall career.

Mr. Speaker, I ask my colleagues to join me recognizing the staff and students of the South Bronx Jobs Corps Center for their outstanding achievements and in wishing them continued success.

TERM LIMITS

HON. LINDA SMITH

OF WASHINGTON

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 12, 1997

Mrs. SMITH of Washington. Mr. Chairman, today I will vote against the seven term limits amendments to the U.S. Constitution which were offered by Members of Congress who represent States which have passed term limits referendums. According to these so-called scarlet letter proposals, if a Member of Congress from one of these States failed to vote in favor of the exact term limit proposal approved in the referendum, the phrase "violated voter instruction on term limits" would be printed next to the Member's name on future ballots.

I am a strong supporter of term limits. I co-sponsored House Joint Resolution 3 in the 104th and 105th Congress which would limit terms in the House to three terms and two terms in the Senate.

Nevertheless, I opposed the scarlet letter proposals because the way these referendums are drafted, they preclude Members of Congress in scarlet letter ballot States from voting for any other version than the one approved